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1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
PAUL T. CLARK FISH & RICHARDSON 225 FRANKLIN STREET BOSTON, MA 02110-2804	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
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<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/562,302	09/13/90	001	MOE7(E, F)	199 08/26/91
First Named Applicant				
ANTHONY J. HARRY N.				

TITLE OF INVENTION

A METHOD FOR PERIODONTAL REGENERATION (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
EE00001	514 012 000	015	UTILITY	NO	\$1050.00	11/26/91
0020097	11/18/91	07582332	06-1050	020 501	15.00CH	

Further correspondence to be mailed to the following:

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Fish & Richardson

2

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070 AA 11/13/91 07582332

1 142 1,050.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: PRESIDENT AND FELLOWS OF HARVARD COLLEGE & INSTITUTE OF MOLECULAR BIOLOGY, INC.

(2) ADDRESS: (City & State or Country) Cambridge, MA and Boston, MA

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION a charitable corporation and a Delaware corp.

A. ☐ This application is NOT assigned.

☒ Assignment previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

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☒ Issue Fee ☐ Advanced Order - # of Copies (Minimum of 10)

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

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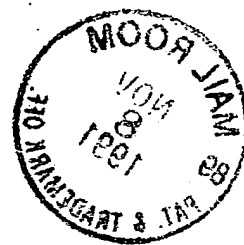
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